

Royal Borough of Kingston upon Thames

Green Lane Primary and Nursery School



First Aid and Medical Conditions Policy

FIRST AID AND MEDICAL CONDITIONS POLICY

1. POLICY STATEMENT

It is a school policy, in line with RBK School Medicines Policy that:

- There will be sufficient number of trained personnel, equipment and information available to ensure that someone competent in basic first aid techniques can rapidly attend an incident involving staff, pupils or visitors during normal working hours when a building is regularly occupied.
- Appropriate first aid arrangements are made for staff and pupils engaged in visits offsite.
- We support and welcome pupils with medical conditions, and we aim to include them in all activities.

2. RESPONSIBILITIES UNDER THE POLICY

The Senior Leadership Team are responsible for

- Ensuring first aid needs within their areas of operation are assessed and addressed.
- Appointing an assigned person to organise provision of first aid services in the school ensuring they are suitably trained and qualified.
- Ensuring appropriate first aid arrangements are made for visits off-site.

First Aiders are responsible for

- Assessing first aid needs.
- Provision and replenishment of equipment.
- Ensuring information on obtaining first aid is made available and is updated.
- Liaising with the school Health & Safety Officer and the borough Health & Safety advisors on first aid issues.
- Responding promptly to calls for assistance.
- Providing support within their competence.
- Summoning further help if necessary.
- Recording details of treatment provided (accident book for minor injuries).

3. SERIOUS INCIDENTS REQUIRING FIRST AID

An incident is classed as serious if the injured person requires further medical treatment from a doctor/nurse/dentist either in a local surgery or at a hospital. Any occasion where an ambulance is called is also classed as serious.

If a pupil needs to be taken to hospital (before a parent can reach the school), a member of staff will always accompany them and will stay until a parent arrives. The school will try to ensure that the staff member will be one that the pupil knows.

An 'Incident Form' (supplied by RBK) is completed by the member of staff with the best knowledge of the incident. The Headteacher then adds their comments and signs the form. N.B. If no apparent injury was sustained, but a dangerous situation took place, the person concerned should report this in the Near Miss book. The completed form is sent to RBK with a copy being kept in the 'Incidents' file.

All serious incidents are listed and reported to the Health & Safety sub-committee.

4. MEDICINES IN SCHOOL

Staff are not able to supervise children taking **non-prescribed medicines** in school under any circumstances.

Staff are able to supervise children taking **prescribed medicines for long-term conditions** as long as:

- The medicine is provided in its original container as dispensed by a pharmacist and including the prescriber's instructions.
- Parents are responsible for ensuring the medicine is within its expiry date, but staff will endeavour to remind parents when possible.

Green Lane Primary and Nursery School
Policy on: First Aid and Medical Conditions

- If Asthma is the condition being treated the attached forms are to be completed. Appendices one and two.
- The 'Agreement to Administer Medicine' forms are fully completed for all other conditions. Appendix three.
- If possible, the administration of medicine should be witnessed by a second staff member.
- The administration of medicine is recorded as in the Appendix.

Staff are not able to supervise children taking **prescribed medicines for short-term ailments**. Most medicines are required three times a day which can be arranged outside of the school day. When this is not possible, parents/carers are responsible for arranging to come in to school to assist their child.

Training for specific medical conditions (e.g. asthma and anaphylaxis) will be provided for staff, with refresher sessions when required.

All staff are informed that there is no legal or contractual duty for any member of staff to administer medicine, or supervise a pupil taking medicine, unless they have been specifically contracted to do so.

5. PUPILS WITH MEDICAL CONDITIONS

Pupils are encouraged to take control of their condition and support is given in school to achieve this. See also the Green Lane Primary and Nursery Schools Accessibility Plan and Disability Scheme.

Below is the expected procedure in the event of a parent informing the school that their child has a medical need:

- A Health Care Plan (*Appendix 4*) is drafted, with the assistance of parents and the Inclusion Manager, for all pupils with a medical condition. This is filed centrally, with a copy given to the class teacher. The Plan is reviewed regularly.
- A summary sheet of pupils with medical conditions is circulated to all staff on a regular basis
- All relevant staff are given training regarding the specific conditions, their consequences and any emergency procedures that may be required.
- All supply and temporary staff are informed of the medical conditions and of their own responsibilities.
- In an emergency situation school staff are required to act like any reasonably prudent parent taking due regard of section 4.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit, and any medicine or equipment is taken and returned to school. All Risk Assessments take account of the needs of any pupil with a medical condition.
- For residential visits, a copy of the Health Care Plan is attached to the generic medical form, and staff will ensure that they are aware of any additional requirements for outside the normal school hours.

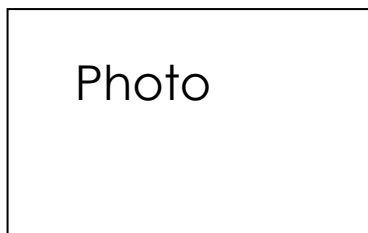
Green Lane Primary and Nursery School

Green Lane, Worcester Park, Surrey KT4 8AS
 Tel: 020 8337 6976 Fax: 020 8330 7023
 Email: office@glp.rbksch.org
 Web: glpns.org.uk



Chair: Mr D Morgan
 Headteacher: Mrs S Berlemont
 Deputy Headteacher: Mrs A Reed

APPENDIX 1



Care Plan for use of Asthma Inhaler

Name of Child	
Date of Birth	
Class / form	
Medical Condition	Asthma

Name/type of Inhaler	
Date Dispensed	
Expiry Date	
Agreed review date	
Dosage and method (e.g. is spacer required)	
Time/occasions when required	
Special precautions	
Possible side effects	
Emergency procedures	

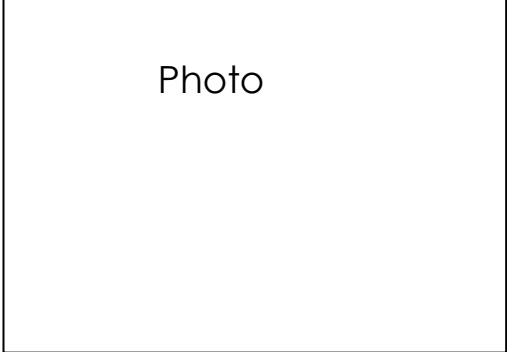
Contact Name	
Daytime Telephone	
Relationship to pupil	
Address	

I understand that I must notify the school of any changes in writing.

Date/...../..... Name..... **NURTURING POTENTIAL IN EVERYONE** Signature.....



APPENDIX 2



Record of Asthma Inhaler Use

Child's name

Class

Date	Time	Dose	Any reaction	Signature	Print Name

APPENDIX 3

Parental Agreement for School to Administer Medicine

Please ask for a copy of the school's medicine policy. The school will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of Birth	
Class/form	
Medical Condition	

Medicine	
Name/type of Medicine	
Date Dispensed	
Expiry Date	
Agreed review date	
Dosage and method	
Time	
Special precautions	
Possible side effects	
Emergency procedures	

Contact Details	
Name	
Daytime Telephone	
Relationship to pupil	
Address	
Medicines will be delivered to (named member of staff)	

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date/...../.....Name.....Signature.....

Headteacher Agreement to Administer Medicine

It is agreed that (name of child) will receive (quantity and name of medicine)
everyday at (time medicine to be administered).

(Name of child) will be given/supervised whilst he/she takes their medication by (name of member of staff).

This agreement will continue until (either end of date of course of medicine or until instructed by parents).

Date/...../.....

Signed.....

(the Headteacher/named member of staff)

Record of (*name of medicine*) administered to (*name of pupil*).....

Date	Time	Dose	Any reaction	Signature	Print Name

APPENDIX 4

Health Care Plan

(to be completed by a member of school staff with parent and child)

Child's Name:		Date:	
DOB:			
Year:	Class:	Teacher:	Review Date:
Condition:			
Family Contact 1 Name : _____ Phone No. (work) _____ (home) _____ Relationship: _____		Family Contact 2 Name : _____ Phone No. (work) _____ (home) _____ Relationship: _____	
Clinic/Hospital contact Name : _____ Phone No. _____		G.P Name : _____ Phone No. _____	
Outline of support required to access the curriculum: <ul style="list-style-type: none">• Condition is stable following medical treatment? Yes / No• Able to play outside at playtime and lunchtime? Yes / No• Able to write in lessons and fully access classroom learning? Yes / No• Able to participate in PE/swimming? Yes / No• Support needed for personal care? Yes / No• Medication required? Yes / No• Support needed to open doors? Yes / No• Support required to go up/down stairs? Yes / No• Do they need a chair to sit on (classroom and hall) Yes / No			
Other:			
Describe medical condition (name of condition if known):			
Give details of pupil's individual symptoms:			
Daily care requirements: (e.g. before sport/at lunchtime)			
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:			
Adults to be informed: (delete as appropriate)	Class teacher Teaching Assistant Inclusion Manager SMSA Other-		
Completed by:	Signed:	Date:	
Parents Name:	Signed:	Date:	
Date for review following further medical advice			

(once all relevant adults informed plan to be filed in child's folder)